tions and to the amount of work that each analysis involves, the test cannot supplant the Aschheim-Zondek or Friedman but is a useful adjunct to these and provides information both in the pregnant and in the non-pregnant woman that neither of these tests can give.—I am, etc.,

Edinburgh, Nov. 27. A. M. HAIN, Ph.D., D.Sc.

Treatment of Burns

SIR,—Ever since before you published my article in 1927 I have believed whole-heartedly in the exudation principle. I make bold to question whether those who have pinned their faith to tanning can ever have seen a burn under successful treatment by the former method. Some of them write as if there were no other way. Glycerin may be needed to start the process (after removing sloughs, if necessary), but, once begun, we have in it not a vicious circle in action but a truly beneficent one. The pouring out of serum turns back the ptomaines from reaching the circulation, and, if present, the bacterial toxins also, into the dressings. In fact I have seen pools of this poison-bearing liquid lying round the patient on the rubber sheeting. It could be scooped up with a saucer. (Anything like a paste would have been quickly washed away.) Best of all, the patient is no longer ill. His vomiting is stopped, if he ever got so far as to have that most sinister of complications, and he asks for his food and drinks and exudes again through his burnt surface.

Some have deplored the loss of body fluids, but none should under such circumstances as these. If the man did not ooze he would be poisoned, including kidneys and the whole vascular system. He would probably be vomiting, and so could not drink. We could only do our best then with saline per rectum, and so on, in the hope of getting him to secrete again.

When means of tanning the under surface of a burn directly have been found we shall all doubtless be glad to give it a trial, for the wet method admittedly entails a lot of work for the nursing staff. What was applied as, for example, 3% to 5% salt solution speedily becomes diluted, with potency reduced *pari passu*. If it reaches 1% it may be reabsorbed. Dressings must be renewed frequently. Every surgeon believes that hypertonic solutions are good for ordinary wounds that cannot be closed: how then can it be otherwise with wounds of this sort? And they can perfectly easily be combined with eusol or one of the dyes, if desired, and reinforced with glycerin, as mentioned above. It would be helpful if those who refer to saline as a dressing would say the strength of it, and those who quote cases and ask us to compare their severity would speak definitely as to such evidences of toxaemia as anorexia and vomiting, temperature, and renal function. The exudative process is a natural and health-giving one, and in its presence we can count on the greatest speed in healing with the minimum of scarring.

Nascent eusol solution (one-third normal) in 5% saline can be prepared by wetting boric lint with a suspension in it of calx chlorinata 15 grains per 8 oz. It should, of course, be only warmed—not made hot—and covered with waterproof material.—I am, etc.,

Doncaster, Nov. 21. W. REGINALD WILSON.

Hepatic and Renal Lesions after Severe Burns

SIR,—Can these lesions be due to the modern coagulation treatment with tannic acid—preventing toxic substances formed in the burns escaping by the surface and thus making absorption the only alternative?

With the old-fashioned carron-oil treatment discharge from the surface must have carried these toxic substances, or most of them, into the dressing instead of into the blood. For many years I have treated burns and scalds, some of them very extensive, with complete success, using carron oil to which I added half a drachm of tr. opii to every ounce of the oil.

The added tr. opii seems to stop the pain immediately. If the part becomes septic, warm—not hot—boric fomentations applied very wet soon clear it up.—I am, etc.,

Inch, Co. Wexford, Nov. 13. W. F. MOORE, M.B.

Eucalyptus Ointment for Burns

SIR,—Our practice is situated in an industrial area where burns and scalds are common. In addition we act as accident doctor to five collieries and are called upon to treat burns and scalds fairly frequently, both before and after admission to hospital. These are of all degrees, and chiefly affect the exposed parts of the body—namely, the face and hands.

After using various treatments it has become almost a routine to apply eucalyptus ointment 10% as a dressing both before and after hospital treatment, the latter usually tannic acid. We found most cases discharged from hospital after tannic acid treatment went septic with excessive granulations and subsequent deformity, and with the application of eucalyptus ointment this all cleared up and no other treatment was required to promote cleansing and healing. After primary application of this ointment following the usual cleansing the wound remains clean, healthy, and heals spontaneously. We have never seen any deformity or pain resulting therefrom.

We see no reference to this treatment in recent literature, and can only recommend it from practical clinical experience. —We are, etc.,

A. B. SLACK.
Barnsley, Nov. 20. J. J. P. MACMAHON.

Benzyl Benzoate Treatment of Scabies

SIR,—It is with much interest that I read Surgeon Lieut. R. Ernest King's article on the treatment of scabies by the above method (November 9, p. 626). Our results in a naval establishment receiving personnel direct from civil life compare very favourably with his. In a series of some seventy cases, treated by the above twenty-four-hour method, we have had only two recurrences, both superficially infected, and which were cleared up entirely on the second course of treatment. The other case was more resistant. In this the patient, who cannot have been of a trusting disposition, and who had obviously suffered previous infections, treated himself with sulphur ointment after receiving our treatment. Much to our delight he produced a classical sulphur dermatitis, which irritated him not a little.

The method as employed by us differs in some details of application. All cases of scabies are admitted overnight to a ward reserved for them. There they are stripped, and all their clothing and bedding is sent for disinfestation immediately. The patient is bathed, scrubbed with soft soap and an ordinary scrubbing brush, and anointed with the lotion for a good five minutes. The bath is then emptied and cleaned, so disposing of all the dead and dying parasites. On refilling the bath with hot water further inunction is performed. Finally the patient is sprayed with the lotion and garbed in hospital clothing. Next morning, following inspection by the medical officer, and if there are no further signs of nocturnal itching, the patient has a second bath and spray with lotion, dons his own clothing, which has been returned disinfested, and proceeds to duty. He receives strict instructions to report immediately should he experience any further itching. As has been already stated, this rarely occurs. He is also made to listen to a gentle dissertation on the evils of dirty living. The advantages of this rapid method of cure are obvious.

The majority of our cases are detected on entry direct from civil life, but it has been noticed that the incidence of infestation has increased by about 50% since August, probably largely due to living under air-raid conditions. Speedy disinfestation of these cases enables them to mix in close propinquity with patients from other wards in the nightly vigil in the shelters, a dispensation warmly welcomed by the doctors and staff, who must perforce mix with them. In view of the increasing incidence I would wish to support my colleague in recommending this safe, reliable, and rapid method of treatment at this stage of the war, when much can still be done to prevent these wartime contagions from spreading.

I am much indebted to Surgeon Captain E. St. G. S. Goodwin, R.N., for permission to publish these results.—I am, etc.,

J. W. BUCHANAN,
Nov. 25. Surgeon Lieutenant, R.N.V.R.